

# Seattle HIV/AIDS Planning Council

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**Minutes** ☿ June 9, 2008

*(Not yet approved by the Planning Council)*

4:00pm - 6:30pm

**2100 Building – 2100 24<sup>th</sup> Avenue South, 98144**

**Council Members Present:** *Richard Aleshire, Amy Bauer, Shireesha Dhanireddy, Kate Elling, Brandie Flood, Melinda Giovengo, Bill Hall, Sarah Kent, Kieu-Anh King, Gerrie LaQuey, David Lee, Higinio Martinez, Marcos Martinez, Eric Miles, Kris Nyrop, Ron Padgett, Tony Radovich, Michael Raitt, German Rodriguez, Pam Ryan, Erick Seelbach, Bob Wood*

**Council Members Not Yet Appointed by the Executive Present:** *Philip Doles, Ruth Njoroge, Angela Williams*

**Council Members Absent:** *Lina Ali, Charlie Curvin, Andrew Murphy, Arthur Padilla, Kevin Patz, Jodie Pezzi, David Richart*

**Planning Council Staff Present:** Jesse Chipps, Don Mueller (minutes)

**Health Department Staff Present:** Jeff Natter, Barb Gamble, Becca Hutcheson, Diane Ferrero

**Guests:** Warren Leyh, Sergio Cuera-Flores, Ken Russell, Joseph Angel, Frank Chaffee, Elizabeth Brash, Quinten Welch, Michael Hanrahan, Joseph Grant

*Italics denote Planning Council Membership.*

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## I. Welcome, Introductions and Announcements

- Introductions were made.
- Elizabeth Barash gave an update on Medical Monitoring Project (MMP). The MMP is a CDC funded multi site project with Washington State as one of 26 participants. This is a random sampling of: states, providers of HIV care, and consumers. In 2007, there were 16 of 22 sites that participated (approximately 73%); they interviewed 132 of 297 selected consumers or only 44%. Of this group, 14% refused, 8% were ineligible, and 33% couldn't be located for interview. Presently the 2007 cycle is closing and the 2008/2009 is starting with 31 providers selected of which 17 are new. Elizabeth is requesting assistance in recruiting help in getting providers to participate.
- Warren Leyh reminded those people who had participated in Care Prioritization to fill out their evaluation if they had not done so to date.

## II. Meeting Agenda

☑ *The agenda was approved as written by acclamation.*

## III. May Meeting Minutes

CHANGES:

- Kris: Page four; Change “McCain has also agreed ...” to “There are indications that McCain may be willing to lift the ban should he be elected.”

☑ *The May minutes were approved as amended by acclamation.*

#### IV. **Grantee Updates:**

Jeff gave the following Care updates:

- There were two site visits in Seattle of our various Ryan White programs. The first was by John Snow Incorporated. They looked at the effect of Ryan White reauthorization on local programs and services. They attended several meetings, workshops, and met with various groups including Planning Council members. They were left with very favorable images of the Seattle TGA, all our work and how we collaborate.
- The second visit was conducted by Dr. Elizabeth Duke, the head of HRSA. She met with the staff at Madison Clinic regarding their work as well as with the Grantee's of parts A & B & D. She was really impressed by all our work.
- The Minority AIDS Initiative contract cycle comes to an end at the end of July. We're renewing the contract for 2008 which starts on August 1<sup>st</sup>. Agencies that perform at or above 90% of their contract service level will be eligible for 100% funding next year. Jeff will contact Minority AIDS Initiative providers by the end of July or early August to review end-of-year report expectations.
- Grantee staff will take the Council's final decision about categorical funding that is being voted on today, put together the Request-for Proposal for agencies for the general Ryan White funding and release the FY 2009 on or about September 2<sup>nd</sup> with a probable due date of October 15. Grantee staff will assemble a Ryan White review panel and make a final decision on December 5<sup>th</sup>. Jeff is looking for volunteers to review and rate proposals. Council members are not eligible, nor are anyone from a funded agency, but Council members may know consumers who would be good participants.
- Amy Hines is on leave and due to return around June 23<sup>rd</sup>.

Barb Gamble gave the Prevention Grantee report.

- She reported that last week was the first meeting for determining the principles for determining the Top Populations. A second meeting for airing of the issues is scheduled for the 15<sup>th</sup> to include further discussions with the epidemiologists.
- The Grantee staff has received notification from the state Department of Health that some of the rescission of CDC dollars is to 'trickle' down to us. We are looking at about a \$20,000 cut in funds for 2009.
- The media campaign was launched at the end of May. Its logo is a finger with happy face and caption of: “*It's the little prick you can deal with*”. The emphasis is directed to high risk MSM and it's purpose is to encourage regular and more frequent testing. The coverage will include billboards (both stationary and mobile), posters, mirror signs, coasters, and a web site ([homohealth.org/littleprick.htm](http://homohealth.org/littleprick.htm)). Testing is encouraged every three months. This campaign is to build from now through Gay Pride.
- Brandie, who is in the group that's doing the principles of the Top Pop, asked how the larger Council is going to get involved with that: whether the committee will give a report to the Council which will then be voted on. Barb indicated that that is the usual Council procedure, so it will go to the Council.
- Marcos asked how and why CDC funding cuts would affect community agencies. Barb explained that in the past such cuts had been absorbed by the Department of Health but that was not possible this time around. Region 4 received the largest cut since we also receive the larger budget and the cuts will be proportional. Since King County is still juggling the budget it is not presently known how this will affect providers and services.

Even though there is a possibility that providers could see a reduction in their 2009 funding, Public Health will do everything they can to make sure that doesn't happen.

- Brandie pointed out the lack of representation of several possible Top Pop groups in the Principles group, so Barb encouraged Council members from those populations to attend.
- Kris noted that local budget cuts (those in King County) will be prioritized according to the categories of Essential Services and Non-essential Services. Since Public Health is in the later category so he recommended people that contact their King County Council Member to express their concerns.

#### **V. Care Prioritization for 2009-10:**

Kris Nyrop referred to page 5, items 10 & 11 and stated that generally, outpatient treatment is more appropriate for opiate users (Methadone) while inpatient treatment is better for stimulant users. He asked if by not funding any inpatient support services that a Core group, namely MSM methamphetamine users, would not be getting treatment. Tony noted that, because of the Ryan White rules which indicate that Outpatient Treatment is a Core Service, but Inpatient Treatment is a Support Service, that it was difficult to fund Inpatient Treatment. Additionally, he said it was way too expensive and that other sources of funds were available for treatment. In addition it was pointed out that with the new tax increase that some funds would be directed for inpatient treatment. Should a lot of funding come through for treatment then they would consider lowering outpatient funds as well. However, they are not at the point of doing this at this time.

**MOTION: Gerrie moved to accept the Care Prioritization and Allocation Plan for 2009-2010 as written and Erick seconded the motion.**

The discussion as how more than one service category could be given the same priority was explained when it was shown that Core (in bold) and non-Core (not bolded) services were prioritized separately and then in combination. The monetary amounts were arrived at via such things as rank order, performance, priorities, sub-populations that are to identify, unit costs, and how and how well monies were used previously.

*☑ The care plan was passed unanimously by a vote of 21 in favor.*

#### **VI. Report on plan for MSM & Crack Use Needs Assessment**

Jesse reported that the County is delaying or not hiring a Needs Assessment Coordinator. Part of the reasoning for this is that the position does not have a steady stream of work. Rather they have little projects here and there. In the mean time (and possibly for the long term as well), the Council will get support from the HIV Epidemiology Unit to do some of those projects.

The current assessment project that needs evaluation concerns Black MSM and crack use. This was determined through this past prioritization process. Elizabeth Barash has stepped forward to conduct this project. It was determined that the assessment will focus on what is going on among Black MSM in terms of drug use risk behavior and specifically answering the question of crack use. The committee set aside monies to do a needs assessment to address this issue.

A steering committee is to be formed that will answer questions such as: How will the information be gathered, what questions will be asked, etc.

- The following volunteered or were volunteered for the needs assessment workshop: Bob Wood, Erick Seelbach, Kris Nyrop, Philip Doles, Amy Bauer, Charlie Curvin, Barb Gamble, and David Lee.

This group is to design and carry out a primary needs assessment (not just a review of existing sources). It is felt that the group should include Black MSM in particular so it was requested that everyone be sure to encourage anyone that fits that description to contact Jesse.

The discussion turned to the Council having allocated funds for a needs assessment in 2008, but not in 2009. Frank noted that there was no funding for an assessment in 2009 but, that if the Council felt that there was a large gap, he would seek to find funding to address it. Kris was concerned about IDU populations, and specifically where in the County these populations were located. Amy noted that the National HIV Behavioral Surveillance (NHBS) will do IDU in 2009, so that question should be covered. Kris felt this was sufficient.

Jesse asked the group to vote on whether to “let go” of trying to find additional funding to conduct a needs assessment in 2009.

- ☑ 19 Council members agreed that the Council and Public Health should not try to find additional funding for a needs assessment in 2009, 3 Council members abstained.

🔊 **ACTION ITEM:** Jesse will have Don schedule a steering committee meeting via e-mail.

## VII. Committee Reports

### **Membership (Gerrie & Jodie):**

It is reported that two white MSM consumers and one Hispanic MSM consumer are needed. The last Membership meeting also showed that a Black MSM would fill in a gap.

### **AACT (Ron & Bill):**

There has been limited attendance at the last few meetings and they could use new members. The committee decided to develop some training on various topics such as how to present data to prioritization and prioritization 101 and these will be presented and worked on at the next meeting. They wish to thank Higinio for his time as co-chair as he is now Care Co-Chair. The next meeting will be June 15<sup>th</sup> at 4:00.

## VIII. Prevention Letter of Concurrence (Barb)

The CDC planning guidance requires the Region to tell the state how we are spending or how we plan to spend the money, and confirm that this conforms with the Council's plan via a letter of concurrence that is signed by the Prevention Co-Chairs. This year due to the lack of a finalized budget a Letter of Concurrence with Reservations is suggested. This is needed since the letter is to be submitted to the State on July 1. The body of the letter will state that if the allocations remain the same as in the past that 2009 will meet the priorities of the Council. The same is stated for the 50% Omnibus allotment that needs to also be responsive to the Council's plan. It goes on to say that a Letter of Concurrence without Reservations will be submitted after the October 13 meeting. Jesse read the relevant portion of the letter to the Council.

**MOTION: Kris moved to approve the letter of concurrence with reservations and Amy seconded it.**

- ☑ The MOTION was approved unanimously by a vote of 21 in favor.

## IX. Break

## X. Community Meeting on Black MSM Prevention

Barb Gamble stated that the contract for “Body and Soul” that was awarded to Seattle Black Pride (SBP) will be terminated at the end of June 2008. Body and Soul uses the Many Men, Many Voices (3MV) intervention. The SBP Board felt they were not able to attend the board meetings required to oversee the grant due to personal obligations. In this last RFP there was \$370,000 available in the Black MSM category. There was \$172,000 left over after the process (there were not enough successful proposals) and so funds were re-bid. Those funds were granted to a CRCS program at Lifelong. With the loss of the 3MV program, the County does not know how to move forward. The short term question is: Where does “Body and Soul” belong – What is the right organization to implement “Body and Soul”—is it in the Health Department or some other

organization we haven't thought about? The other question is a larger systemic one that asks: What is happening to the continuum of services for Black MSM? So, to address this issue we have decided to put on a Community Consultation. This is intentionally vague with only some general ideas but a planning committee (comprised of members of the Black LGBT community) work out the details. It is envisioned to last at least one day, maybe two. Public Health has spoken with an outside facilitator – Tim Vincent, who was the original trainer for the 3MV intervention. Public Health is opting to be out of the room for portions of the discussion due to concerns they may be a barrier to the solution.

The question arose as to the ability of the state or county to provide community based organizations funds to build capacity. This is a problem since contracting with the city and county requires a really high threshold of capacity and fledgling organizations take a goodly amount of time to get to that capacity. A couple of ideas to assist in this problem are: the County could carve out a pool of funds for a certain category of agencies to be used as operating capital; or a special set of requirements for smaller agencies.

In response to a question about why SBP returned the money, Barb stated that it was determined by SBP that the day to day administration and the ability to cover the up front costs caused them to fall short. It takes extensive interaction with the program monitor on an administration level, such as producing reports and evaluation plans, so that the board was overwhelmed with other things and unable to complete the requirements. Public Health worked with SBP to get an organization to take over those administration functions but a board still has a fiduciary responsibility to ensure compliance with the contract, and the SBP board felt they could not manage that. Currently, there are facilitators trained for 3MV and there were positive responses to the program when it existed previously. The two questions to be answered are: "Where can we 'house' the program (Body and Soul) that will be acceptable to the population?" And "What needs to be done to support an agency that is providing services to this population?"

The intention is to go ahead with the Community Consultation regardless of the funding, however, it would be helpful if some unexpended funds from the intervention could be used. Even with the expenditure to hire Joseph and to send him to Orlando for training there is still money left over. Input from the planning council is requested if it is OK to use some the Body and Soul monies to resolve the issue.

Council members suggested that the Minority Executive Directors Coalition be approached and engaged as much as possible since the HIV infrastructure that exists is unable to deal with this issue at this moment. This is based on the idea that when you exit the HIV world and into that of community based organizations that work with similar populations might be more willing to try something new. Another question was whether 3MV is a sustainable intervention since the population is continually changing and evolving. The success of 3MV in 2006/2007 was demonstrated by the rapid filling of the workshop and the waiting lists of participants. It is believed that this same enthusiasm would continue today if the workshops were offered again. Quinten stated that the Black Leadership Council (BLC) is a coalition that recently has been emphasizing leadership education in the African American Community. The area they believe will be the most beneficial is a partnership with the Black church. Recently two new chairs have been established with one occupied by a person whose expertise is in this area. They are also emphasizing the involvement of people who haven't been involved in HIV issues previously. Barb emphasized that the BLC would be involved in the Community Consultation, but they had not yet been approached, as she wanted to make sure and talk to the Council first.

**MOTION: Brandie Flood moved to support having a community consultation and to allow the use of some 3MV money to resolve issues of housing the Body and Soul program and**

**what needs to be done to support an agency providing services to this population. Sarah Kent seconded the motion.**

Discussion: There was concern that the funds for the intervention should be protected as much as possible to be used when a contractor is found. Therefore, it was hoped that Public Health would seek other funding for this project first. This led to a friendly amendment.

**FRIENDLY AMENDMENT: Melinda had a friendly amendment to the motion, that other funding be approached first, before using under-expended 3MV funding. This friendly amendment was accepted by both the person making the motion (Brandie Flood) and the second (Sarah Kent). The new motion is: to support having a community consultation and to allow the use of some 3MV money (if needed, after other funding sources are approached) to resolve issues of housing the Body and Soul program and what needs to be done to support an agency providing services to this population.**

Discussion: David Lee emphasized that Public Health should seek to partner with other community groups working with the African American community, such as the BLC. Erick emphasized that, because this intervention was not currently being delivered to the population, that there was a gap. He felt the goal should be to restore these services to the population as quickly as possible. Barb indicated that the community consultation would likely take place in late July or early August. Council members expressed concern that it would take this long, but again hoped that it would be moved forward as quickly as possible.

*☑ The MOTION was approved unanimously by a vote of 21 in favor.*

Brandie expressed a desire for a larger conversation around supporting community based IDU, and Black MSM programs. Others agreed.

## **XI. Standards of Care and Quality Management Update**

Becca Hutcheson introduced the standards, explained how they were developed, and noted that the standards are very short, because they do not include items in the General Standards, approved by the Council in 2007.

**MOTION: Gerrie LaQuey moved to accept the three new standards of care (Ambulatory Care, Food/Meals, and Psychosocial Support); Melinda Giovengo seconded the motion.**

*☑ The Motion is passed by a unanimous vote of 21 in favor.*

Additional details of the Quality Management Planning and Evaluation Group were presented and can be found in the attachments to the official record.

## **XII. Other Business/Next Meeting**

Executive committee decided for a BBQ in lieu of the regular meeting in July.

☛ **ACTION ITEM:** *Jesse will send out options.*

It was determined that if someone chooses not to attend, it will not count as an absence. However, all Council members are encouraged to attend and bring their partner/family.

**Barbeque:** Monday, July 14th, 2008, 4:00 – 6:30 p.m. location to be determined.

**Next Regular Meeting:** Monday, August 11, 2008. Due to conflicts, there may be a change in either the time of the meeting or the location. This will be determined by the Executive Committee.